



## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814  
16) 445-1797

May 27, 1980

To: All County Welfare Directors

Letter No. 80-20

IMPLEMENTATION OF SPECIAL DIALYSIS PROGRAMS

The emergency regulations implementing AB 275 have been filed and the regulations are now in effect. Those portions which establish the Dialysis Supplement Program are retroactive to January 1, 1980. Counties are to begin processing applications on the basis of information supplied in County Welfare Directors Letter No. 80-3. Medi-Cal Eligibility Manual Letters No. 31 and 32, containing revised Dialysis program regulations and procedures respectively, are in printing. Distribution to counties is expected by May 30, 1980.

Dialysis Supplement Program

Dialysis Supplement Program applications submitted for January, February, March, April, May and June 1980 are to be processed and submitted to Benefits Review Unit, Medi-Cal Dialysis Programs Supervisor, Department of Health Services, P.O. Box 668, Sacramento, California 95803. If your county has not accepted applications for the Dialysis Supplement Program up to this time because regulations were not in effect, you must now accept and process retroactive applications for January, February, March, April, May and June 1980. Persons applying for Dialysis Supplement eligibility through the end of June will be entitled to submit applications retroactive to January. This is the only instance in which retroactive months of coverage will be allowed under the Dialysis Supplement Program.

Many prospective Dialysis Supplement eligibles used dialysis services to meet some or all of their Medi-Cal share of cost in one or more months from January through June. They became certified Medi-Cal beneficiaries as a result. This certified status for any or all of those months is not affected by the fact that these persons will now also be retroactively eligible for Dialysis Supplement coverage.

Dialysis Only Program

The new percentage obligation rate of two percent per \$5,000 annual net worth is now in effect. All persons receiving benefits under the Dialysis Only program must have their percentage obligation redetermined using the new rate. No retroactive changes shall be made.

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Since this is an adverse action, beneficiaries must be informed of this change on the Special Medi-Cal Dialysis Programs Notice of Action (MC 239F). The Notice of Action must be mailed at least 10 days prior to the first of the month in which the adverse action takes effect in accordance with California Administrative Code, Section 50179 (e).

Counties which had already submitted Special Dialysis Programs -- Percentage Obligation Computation (MC 176D) using the new rate must follow the above procedure. Since the new regulations were not in effect, the percentage obligation on these Dialysis-Only MC 176D's was recomputed by the Department's Benefits Review Unit, using the then effective rate of one percent per \$5,000 annual net worth.

The new forms, Special Dialysis Programs -- Percentage Obligation Computation (MC 176D) and Special Dialysis Programs Notice of Action (MC 239F) are available through Department of Health Services warehouse. The MC 176D is available in pads of 100, the MC 239F in pads of 50. Please limit your orders to a six months supply, since quantities are limited. Requisitions should be sent to Department of Health Services Warehouse, 1723 20th Street, Sacramento, CA 95814.

If you have any questions, please contact your Medi-Cal Field Representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Eligibility Field Representatives

Expiration Date: November 30, 1980